

**MARYLAND STATE BOARD OF DENTAL EXAMINERS**

Benjamin Rush Building • Spring Grove Hospital Center  
 55 Wade Avenue • Catonsville, MD 21228  
 Phone – 410-402-8501 • FAX – 410-402-8505  
 www.mdh.maryland.gov/dental

**APPLICATION FOR RECOGNITION AS AN EXPERT WITNESS**

**Thank you for your interest in serving as an Expert Witness. An applicant must be a practicing, licensed dentist in good standing. Please complete and submit this application to the Maryland State Board of Dental Examiners, including copies of all supporting documents as soon as possible.**

Name:	Social Security Number:
License Number:	Home Phone: (    )
Business Address:	Work Phone: (    )

**EDUCATION**

Dental School:	Degree:	Year Graduated:
Post Graduate Training (please attach copy)	Degree/Discipline:	Year Graduated:

**CLINICAL PRACTICE INFORMATION**

Do you limit your Practice?             Yes     No

Are you a Dental Specialist?             Yes     No                      Board Certified?     Yes     No

Are you currently practicing clinical Dentistry?     Part-Time     Full-Time     No

Have you experienced any Board Discipline or Informal Action within the last five (5) years?     Yes     No

**PLEASE LIST ANY PROFESSIONAL PUBLICATIONS**

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**PLEASE LIST ANY DENTAL SPECIALITY COURSES, CERTIFICATION OR TRAINING COMPLETED**

Dates	Course	Institution	Certificate Issued
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**LICENSURE IN OTHER STATES**

State	License Number

**PROFESSIONAL ORGANIZATIONS**

Please list any professional organizations that you have belonged to in the past five years.

Dates/ Membership	Organization	Offices Held

**TEACHING EXPERIENCE**

Have you ever taught any professional courses?  Yes  No If so, please indicate courses and institutions.

Dates	Institution	Course

**EXPERIENCE AS AN EXPERT WITNESS**

Please check the appropriate box and attach a detailed explanation for each question answered "yes."

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever provided expert services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you every testified under direct and cross-examination before a court, board or forum as an expert witness?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you or have you ever been engaged in lobbying activities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever been deposed as an expert witness in a case? .

**PLEASE CHECK THE APPROPRIATE BOX AND ATTACH A DETAILED EXPLANATION FOR EACH QUESTION ANSWERED "YES."**

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Has any State or Jurisdiction Licensing or Disciplinary Board, or comparable body taken any action against your license?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Has your employment in Dentistry or ability to practice Dentistry ever been denied, terminated, restricted, suspended or revoked for any reason?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you surrendered or failed to renew a license in any State or Jurisdiction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Has a malpractice suit been filed against you or has a claim for damages been settled or awarded against you?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you been charged with, pled guilty, nolo contendere, convicted or received probation before judgement for any criminal act, including driving while intoxicated or for a controlled, dangerous substance offense? (excluding minor traffic violations)			

**PLEASE INCLUDE ADDITONAL REQUIRED DOCUMENTS WITH SUBMISSION**

Required Document	Is Document included?
Copy of Malpractice Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>
Copy of Curriculum Vitae (CV)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Statement of Interest	Yes <input type="checkbox"/> No <input type="checkbox"/>
Copy of License	Yes <input type="checkbox"/> No <input type="checkbox"/>

I affirm that the contents of this application are true and correct to the best of my knowledge and belief.

Signature \_\_\_\_\_

Date \_\_\_\_\_